



NOTICE OF ACTION/ CONSENT

In accordance with Part C of the IDEA



Child's Name: _____ Date of Birth: _____ Date: _____

Prior Written Notice must be given to you, and consent obtained from you, before certain actions are taken. The following is to inform you of the action(s) being proposed.

- () Initial evaluation/assessment of the child
() Initiation of Early Intervention Service(s)

Reason for the action:

PARENT SIGNATURE FOR CONSENT IS REQUIRED before the following actions can be initiated:

Initial evaluation / assessment of the child ☐ Consent ☐ Decline

Early Intervention Service(s)

List services being proposed

<input type="checkbox"/> Consent	<input type="checkbox"/> Decline
<input type="checkbox"/> Consent	<input type="checkbox"/> Decline
<input type="checkbox"/> Consent	<input type="checkbox"/> Decline
<input type="checkbox"/> Consent	<input type="checkbox"/> Decline
<input type="checkbox"/> Consent	<input type="checkbox"/> Decline

Parent Signature

Date of Parent Signature

Signature of agency representative

Date received by agency

A copy of the Parent's Rights Statement is enclosed with this notice.

If you need assistance in understanding the provisions of the Parent's Rights Statement, you may contact the Special Education Compliance Section, Department of Elementary and Secondary Education at (573) 751-0699 or (573) 751-0186 or via e-mail at webrepliespeco@dese.mo.gov.